Chapter 4

School and Community Based Mental Health Work

Broad-based mental health work in the schools requires a shift from individual student-focused approaches and interventions to a school-wide focus which includes a continuum of services from prevention and early intervention to individual interventions for special education students. This shift in focus stretches the traditional roles of both community-based and school-based mental health professionals. The "customer becomes the school community"; involvement is with students, parents, staff and the larger community beyond the walls of the school building. To effectively reach this wider population, broad-based mental health work in the schools may involve bringing in community-based mental health providers to work collaboratively with school-based professionals. This chapter will clarify similarities and potential differences between these providers so they work together more effectively.

Similarities and Differences Between School-Based and Community Agency-Based Mental Health Work

There are obvious differences between providing mental health services within a community agency and working within a school system. Community mental health agencies are by nature mental health focused, whereas the school's mandate is to educate children. Schools today are asked to educate children who come to school with multiple needs, many of which do not, on the surface, appear to be directly related to their learning. Schools must balance attempting to meet these needs with the public mandate to meet educational goals and to prepare the students to pass standardized tests.

Individual Needs vs. the Greater Good

Schools generally must focus on the needs of the school or classroom as a whole. If a student is disruptive and making it difficult for others to learn, school staff may be more likely to remove the student until the behavior changes than attempt to meet that student's needs within the classroom. Meeting the needs of the whole classroom of students is necessarily the first priority for a teacher. This may influence how a child with mental health needs is served and must be understood in order to work successfully within the system.

Linking Mental Health to Academic Success

Since mental health services are secondary services in a school, it can be helpful to explain the benefits of the work of school support services staff to help students become ready to learn. Educational staff may not always remember how improving the school environment and providing necessary supports can help students be academically successful. It is important that support staff and mental health consultants explain how this can happen and show how this work benefits their students.

Access to Students

Teachers understandably are reluctant to allow students to miss classroom time/work to receive mental health services. It is important to be sensitive to this and work closely with teachers to find the best time to provide services. Lunch, advisory/homeroom and some elective/non-

academic classes are good times to see students without negatively affecting their school performance.

Data Privacy

In Minnesota, Data Privacy Rules for Education are different than the Data Privacy Rules for Mental Health/Medical Records. The law that protects educational records is the Family Education Rights and Privacy Act of 1974 (FERPA) and the law protecting the privacy of personally-identifiable health information is the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191 The intent of both laws is to ensure that health information of students is obtained appropriately and that the confidentiality and privacy of this information is safeguarded.

There are important differences between FERPA and HIPAA. This document will not outline the specific differences between these two acts. Specific questions related to what types of information are gathered, how records are kept and under what circumstances information about a student is released should be referred to the school and the mental health center administrators and legal counsel. The various laws and rules governing data privacy and protected health care information are complicated and need to be addressed before community-based mental health providers begin working with students in the school. Similarly the ways information is handled in the school should be considered when an outside mental health agency begins working within a school. (Information from: *Legal Issues Related to Expanded School Mental Health Programs: Informed Consent and Confidentiality*, 2003, Center for School Mental Health Assistance, University of Maryland, Department of Psychiatry, 680 Lexington Street, 10th Floor, Baltimore, MD 21201-1570, 1-888-706-0980, http://csmha.umaryland.edu.)

Consent and Authorization Forms

When mental health staff from a community agency begin working in a school, it is helpful to have a discussion prior to the start of school about what types of consents from students' parents will be needed before the mental health staff can start to work with students. Unless a parent has directly requested services from the community-based clinician, someone from the school staff will need to make the initial contact with the parent/guardian to inform them about the community provider's role in the school. The parent needs to agree that information about their student can be shared with an outside mental health provider; usually this is done by the parent signing an Authorization or Release of Information between the school and the mental health provider/agency. The provider can then contact the parent about obtaining signed Authorization to Use/Disclose Protected Health Care Information about the student and then begin to meet with the student. Only in a crisis situation where there is a risk of imminent harm to the student or others would a community based mental health professional assess or treat a student without parent consent. The process of obtaining consent may take a few days to weeks, so it is important to explain this process to school staff and the student. All involved should keep in mind the parent's point of view in this whole matter. Having their child be recommended for mental health services at the school can be quite alarming and the parent may need time to come to terms with this request. Out of respect for the parents, as well as for sound liability reasons, consents and authorizations should be managed as described above.

Communication with School Staff about Client Issues: "So, what's up with little Johnny?"

Parameters around data privacy in the school may be different from those in a typical clinic setting. Data privacy rules in a clinic are very specific and private space for confidential conversations is readily available. In the school setting, some teachers expect that they will be given, and want to receive, details about their student and/or family's mental health concern. School staff members sometimes talk about their students' personal issues in public spaces (e.g., staff lounge, office, classrooms, etc.). This may happen due to the lack of time teachers have with each other to discuss students, debrief after a difficult class, or otherwise find support. Mental health staff can always offer to meet school staff in a private area to discuss a student's personal issues.

Documentation: "Notes, What Notes?"

Education typically has different documentation requirements than community-based mental health services. Some school social workers and counselors may keep notes on mental health related concerns of students with whom they work. Information about a student may or may not be shared with others; notes may not be carried over to the following year. Basically, notes about student mental health concerns generated by school staff are not part of student's official record (unless they are classified as receiving Special Education services - Special Education has specific documentation rules).

The community-based mental health system maintains a separate and ongoing file about a student that is open in the mental health center's system. This file charts progress and documents what interventions have worked or not worked with well with the client. Each meeting with, or about a client is documented in this chart.

Understanding the School's Reporting System: "Who's gonna call?"

In a school, as in a clinic, any staff member is considered a "mandated reporter" and the procedures for reporting suspected cases of physical, sexual, or emotional abuse or neglect is similar. However, each school has its own system for handling this mandated reporting. For instance, if a student talks to a teacher about abuse issues, the teacher may inform the school social worker, who manages things from there. Other buildings may expect the person informed to make the report. Check to see what system the school uses. Even if school staff makes the report, the reporting mandate still requires the community mental health professional to also make the report.

Understanding the Special Education System

In most schools, services to students are generally separated into two categories: special education and regular education. These two types of educational services are funded by separate sources. There are federal laws that regulate all aspects of special education. It is important that anyone working within the schools have a basic understanding of this system. Social Work services may be mandated by law to be provided to students who qualify for special education services; there is no such requirement for non-special education students. Special Education students are on Individualized Education Plan (IEP's) that specifically mandates that they receive these services. Most school social workers are funded by special education sources and are often limited in how much service they can provide to non-special education students. Many non-

special education students will be served by either guidance counselors or community-mental health providers working within the school, or they may be referred for outside services.

A school mental health staff should be sure to know about the special education status of a referred student and check with all the staff involved with the student before providing services. It important to understand the specific steps that must be taken by law in the special education referral process and work closely with school staff in this effort.

Summary

Shifting the focus from providing services to individual students to broad-based mental health work in the schools requires increased collaboration between school and community. Community-based and school-based mental health providers can work together in the schools to reach more students and families and to improve school climate. Understanding the similarities and differences between the rules and guidelines under which these two groups of professionals work is important to successful collaboration.

Community mental health staff will be most successful in working in schools if they take adequate time to get to know and understand the wide range of expertise and services offered by school support staff. Similarly, School support staff can benefit from the skills and knowledge of community resources that outside mental health providers can bring to the school. The blend of school and community based mental health staff in a school can produce a very effective partnership. This partnership can work with school administrators and teaching staff to develop and implement the broad based school mental health framework of the UCLA Center for Mental Health in Schools. The writers of this Manual encourage school and community mental health staff to review the materials written by Drs. Adleman and Taylor of the Center for School Mental Health. The Appendix to this Manual includes the Center for School Mental health publications that were used by the Safe Schools/Healthy Students staff as they worked in the five schools served by the grant. Also in the Manual are examples of some of the resources introduced to the schools during the course of the grant, as well as outlines and curriculum for commonly asked for student groups.